

Exhibit D

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 CHARLESTON DIVISION
4 IN RE: ETHICON, INC.,)MASTER FILE NO.
5 PELVIC REPAIR SYSTEM)2:12-MD-02327
6 PRODUCTS LIABILITY)
7 LITIGATION)JOSEPH R. GOODWIN
8 -----)U.S. DISTRICT JUDGE
9 THIS DOCUMENT RELATES TO)
10 THE FOLLOWING CASES IN WAVE 1 OF MDL 200:)
11 Joy Essman)
12 Case No. 2:12-cv-00277)
13)
14 Barbara A. Hill)
15 Case No. 2:12-cv-00806) ORAL DEPOSITION OF
16) CHRISTINA PRAMUDJI, M.D.
17 Paula Kriz)
18 Case No. 2:12-cv-00938) MARCH 24, 2016
19)
20 Brenda Riddell)
21 Case No. 2:12-cv-00547)
22)
23 Sharon Carpenter)
24 Case No. 2:12-cv-00554)
25)
26 Mary Jane Olsen)
27 Case No. 2:12-cv-00470)
28)
29 Virginia White)
30 Case No. 2:12-cv-00958)
31)
32 Sandra Wolfe)
33 Case No. 2:12-cv-00335)
34)
35 Marie Smith (f/k/a Banks))
36 Case No. 2:12-cv-01318)
37)
38 Sherry Fox)
39 Case No. 2:12-cv-00878)
40)
41 Lois Durham)
42 Case No. 2:12-cv-00760)
43)
44 Elizabeth Blynn Wilson)
45 Case No. 2:12-cv-01286)
46)
47
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49
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1	Daphne Barker)
	Case No. 2:12-cv-00899)
2)
	Wendy Hagans)
3	Case No. 2:12-cv-00783)
)
4	Maria Eugenia Quijano)
	Case No. 2:12-cv-00799)
5)
	Sharon Boggs)
6	Case No. 2:12-cv-00368)
)
7	Robin Bridges)
	Case No. 2:12-cv-00651)
8)
	Carey Cole)
9	Case No. 2:12-cv-00483)
)
10	Cathy Warlick)
	Case No. 2:12-cv-00276)
11)
	Donna Amsden)
12	Case No. 2:12-cv-00960)
)
13	Heather Long)
	Case No. 2:12-cv-01275)
14)
	Penny Rhynehart)
15	Case No. 2:12-cv-01119)
)
16	Nancy Jo Williams)
	Case No. 2:12-cv-00511)
17)
	Maria Stone)
18	Case No. 2:12-cv-00652)
)
19	Teri Key Shively)
	Case No. 2:12-cv-00379)
20)
	Charlene Logan Taylor)
21	Case No. 2:12-cv-00376)
)
22	Tina Morrow)
	Case No. 2:12-cv-00378)
23)
	Carol Jean Dimock)
24	Case No. 2:12-cv-00401)

1 Doctor, am I correct that you
2 don't hold yourself out to be an expert with
3 regard to the design of medical device kits
4 for the treatment of prolapse?

5 A. I would say that I am somewhat
6 of an expert in that area as far as being a
7 user of the devices and also being involved
8 in some of the labs that are held during the
9 development of devices that I've been
10 involved in. So as far as being asked to
11 evaluate different devices as they're being
12 produced, as far as that goes, I do have some
13 expertise in that area.

14 Q. Well, let me see if I can ask
15 it a different way. Am I correct that I
16 would not expect you to offer design --
17 strike that.

18 Am I correct that I would not
19 expect you to offer opinions on the design of
20 the Prosima?

21 MR. GAGE: Object to form.

22 A. My opinions would go to how I
23 feel the design is based on use in my hands
24 and based on the patient results. So I feel

1 very confident and familiar with evaluating
2 the design based on those parameters.

3 BY MR. FAES:

4 Q. Is that the extent of the
5 opinions that I would expect you to offer on
6 the Prosima -- on the design of the Prosima,
7 rather?

8 MR. GAGE: Object to form.

9 A. I may have some other opinions
10 as far as they go to the mesh in general or
11 pelvic floor kits or surgery in general.

12 BY MR. FAES:

13 Q. So you would have opinions on
14 the design of the mesh in general or the
15 design of pelvic floor kits and surgery in
16 general?

17 A. Yes.

18 Q. Would those opinions on the
19 design go beyond how those devices -- you
20 believe those devices worked in your hands?

21 A. Yes, they potentially could.

22 Q. Well, you understand, Doctor,
23 that this is my opportunity here today to
24 learn what your opinions in this case might

1 be. What other opinions might you offer on
2 the design of the Prosima or mesh kits or
3 mesh in general?

4 A. Well, opinions about the design
5 of the mesh in general, the way that the mesh
6 is configured, the size of the pores, the
7 materials that the mesh is made of. Or with
8 the kits, how they're designed, how they --
9 the development of the kits, the nuances of
10 the trocars and how it worked in patients.

11 Q. Have you ever worked on the
12 design team for a medical device?

13 A. No, only on a consulting basis.

14 Q. Am I correct in that you're not
15 a biomedical engineer?

16 A. I'm not a biomedical engineer.
17 I studied it, but I'm not a biomedical
18 engineer.

19 Q. Do you hold yourself out as an
20 expert in biomedical engineering?

21 A. To the degree that it applies
22 to my practice, yes.

23 Q. Do you know what a design
24 failure modes analysis is?

1 A. I don't -- I'm not familiar
2 with that term.

3 Q. Is it fair to say that you have
4 never reviewed any design failure mode
5 analysis with respect to the Prosima,
6 Gynemesh PS or Prolift?

7 A. I may have, because just
8 breaking down that terminology, I don't -- I
9 can't give you a quick definition. But just
10 breaking it down, it sounds like it's just
11 testing the failure of the design with
12 some -- probably some mechanical stretching
13 or that sort of thing, but that's my
14 conjecture. So I may have read about that.

15 Q. Do you know what a process
16 failure modes effects analysis is?

17 A. I'm not familiar with that
18 term.

19 Q. Do you recall if you reviewed
20 any process failure modes effects analysis
21 with the Prosima, Prolift or Gynemesh PS
22 devices?

23 A. I'm not sure.

24 Q. Do you know what an

1 applications failure modes effects analysis
2 is?

3 A. I'm not sure.

4 Q. Do you recall if you've
5 reviewed any of those for the Gynemesh PS,
6 Prolift or Prosima device?

7 A. I'm not sure.

8 Q. Do you hold yourself out as
9 having expertise or specialized knowledge
10 regarding the type of mesh used in the
11 Prosima, Prolift -- I guess I'll say
12 Gynemesh PS device even though the mesh --
13 that's the only thing in the Gynemesh PS
14 device is the mesh?

15 A. Could you repeat the first part
16 of the question?

17 Q. Yeah, I'll re-ask it because I
18 didn't think it through before I asked it.

19 Am I correct in that you don't
20 hold yourself out as having expertise or
21 specialized knowledge regarding the type of
22 mesh used in the Prosima or Prolift device?

23 MR. GAGE: Object to form.

24 A. No, that's incorrect because I

1 when the Gynemesh PS was cut with scissors
2 and that those particles could become lodged
3 in a woman's vaginal tissues and cause
4 potential complications, do you believe those
5 physicians' fears are unfounded?

6 MR. GAGE: Object to form.

7 A. Absolutely.

8 BY MR. FAES:

9 Q. Doctor, are you going to
10 offer -- do you plan to offer an opinion in
11 this case about your personal success rate
12 with the Prosima, Prolift or Gynemesh
13 products?

14 A. Yes.

15 Q. What is the opinion you intend
16 to offer about your personal success rate
17 with those products?

18 A. What I found is that the
19 products were very successful with a high
20 patient satisfaction with few complications.

21 Q. Do you intend to offer a
22 numeric success rate --

23 A. No, I don't have a --

24 Q. -- in conjunction with those

1 products?

2 A. No, I don't have a calculated
3 numeric rate for my patients.

4 Q. Same question with regard to
5 complication or erosion or extrusion rates,
6 do you intend to offer an opinion in this
7 case with regard to a numeric percentage of
8 complications or erosions or extrusion rates
9 that you've experienced personally?

10 A. Perhaps. I have in the past
11 calculated reoperation rates, but I can't
12 recall right now if it was on Prolift or on
13 TVT. I would have to go back and look at my
14 operative logs.

15 Q. So --

16 A. So I may have that rate on --

17 Q. Just reoperation rates?

18 A. Correct, just reoperation
19 rates.

20 Q. Not exposure or extrusion
21 rates?

22 A. Correct.

23 Q. Can you tell me how you arrived
24 at those reoperation rates?

1 A. I took my total number of
2 reoperations and my total number of cases and
3 just divided it.

4 Q. And what --

5 A. So it's a rough number.

6 Q. And what is the numerator and
7 denominator for those?

8 A. I don't recall, as I sit here
9 right now. I would have to look at it.

10 Q. And who did -- who did the
11 review?

12 A. Myself.

13 Q. Is there any documentation
14 regarding the review or your findings that
15 you used to come up with those rates?

16 A. I have an operative log that I
17 keep.

18 Q. Do you know if that's been
19 produced to us in this litigation?

20 A. No, I don't believe so.

21 MR. FAES: We would ask that
22 that would be produced if the doctor
23 is going to offer any opinions about
24 her reoperation rates at trial.

1 MR. GAGE: I'll consult with
2 her and let you know what our position
3 is on that.

4 BY MR. FAES:

5 Q. Did you do any kind of analysis
6 of patients that were lost to follow-up?

7 A. No, I did not.

8 Q. What time frame were you using
9 for your reoperation rates to come up with
10 your reoperation rate number for Prolift and
11 Prosima?

12 A. Well, I just -- just from
13 the -- when I started using the products
14 until I did the analysis, however many years
15 that was. I can't remember when I did that
16 analysis.

17 Q. But you can't state a specific
18 year that you started and stopped?

19 A. No, I can't remember right now.

20 Q. But it's fair to say it would
21 go back to when you were working in Dallas in
22 Dr. Anhalt's practice, correct?

23 A. Well, yeah. It wasn't in
24 Dallas. It was here in Houston. But, yes,

1 back to 2005, when I started doing the
2 Prolift, until I did the analysis, because
3 there may have been some complications that
4 were treated after I stopped using the
5 products. But I can't remember when I did
6 that.

7 Q. And if a doctor [sic] needed a
8 reoperation and went to a different doctor
9 other than you, you wouldn't have that
10 information unless the patient shared it with
11 you, correct?

12 A. That's correct.

13 Q. So your reoperation rates that
14 you calculated would exclude any patients
15 that went to other doctors for reoperation
16 that you didn't know about, correct?

17 A. Yes. But kind of what I did in
18 reverse, which this is very rough, but I
19 included patients that came from other
20 doctors in my reoperation rate. So some
21 patients were not my original -- I was not
22 the original implanter. So it's kind of --
23 it's a very rough analysis. There's just
24 sort of, okay, I did this many implants; how

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1 many reoperations did I do? And this is
2 just -- this isn't even -- this is just like
3 a mesh exposure, mesh explant-type
4 reoperation. It's not comprehensive.

5 Q. Okay. I think you've answered
6 my question on that.

7 I hate to do this to you, but
8 since there's no invoices yet on your
9 case-specific depositions that you're going
10 to be offering opinions on, I need to go
11 through and ask you if you have a rough
12 estimate of the number of hours you've spent
13 on each of your cases. Do you know
14 approximately how many hours you've spent on
15 the Sharon Carpenter case?

16 MR. GAGE: Let me just say, I
17 assume that by doing this that the
18 individual lawyers will not ask the
19 question and that you would agree as
20 liaison counsel that I can say "asked
21 and answered," we don't have to do it
22 during the individual cases?

23 MR. FAES: Well, they might ask
24 more specific questions, like break